

## Summary Minutes

Regular Meeting of the  
**Emergency Medical Services Regulatory Board**  
**Data Policy Standing Advisory Committee**  
**1 p.m., February 9, 2009**  
Conference Room A, 4<sup>th</sup> floor  
2829 University Ave. S.E., Minneapolis

### Members Present

Brenda Brown, Chair  
Tom Fennell  
Curtis Fraser  
Matt Maxwell (for Suzanne Gaines)  
Lee Pyles, M.D.  
Darel Radde  
Paul Satterlee, M.D.  
Keith Zalewski

### Members Absent

James Aagenes  
Renee Donnelly  
Suzanne Gaines  
Sen. Gary Kubly  
Dane Meyer  
Aarron Reinert

### Guests

Clif Giese  
Chuck Happel  
Tim Held

### Staff

Melody Nagy  
Robert Norlen

## **I. Welcome and Introductions**

Ms. Brown called the meeting to order at 1:10 p.m. and introduced Chuck Happel the Wisconsin data manager who is visiting today.

## **II. Approval of Agenda**

No changes were suggested to the agenda.

## **III. Approval of Minutes**

Mr. Radde moved to approve the November 10, 2008 meeting minutes. Dr. Satterlee seconded. Motion carried. (approval occurred at the end of the meeting)

## **IV. Staff Report**

### **Data Requests**

Mr. Norlen provided a report of the 2009 data requests.

### **Provider Compliance Report**

Mr. Norlen said that the compliance report is also provided in your packet. He asked if there were any questions. Mr. Giese asked if there were duplicate reports in the counts. He cited examples in the report. Mr. Fraser said that they made a correction in the trauma system to fix this problem. Mr. Norlen said that staff would look at this issue.

## **V. EMSRB 2.2.1 Dataset Submission Extension Update**

Mr. Norlen said that all services are compliant except one. Staff is completing test cases with the service that is still having upload issues and we expect this service to be compliant with one additional fix to their software. Mr. Norlen said that it takes 8 to 12 hours of staff time to review the test case files.

Mr. Fennell asked about Ortivus software compliance. Dodge Center and Chatfield chose to use direct data entry until the Ortivus software is compliant. Mr. Norlen said that these two services may need additional technical assistance.

Dr. Satterlee arrived at 1:35 p.m.

Mr. Fennell asked if services have been informed that they have met the compliance requirements. Mr. Norlen said that a limited amount of additional internal review is taking place and then the services will receive an official letter. The committee agreed that this would be a reasonable method to inform services of their compliance status.

## **VI. Data Definitions Workgroup Update**

### **EMSRB Data Definitions Document – Request to add Provider Impression**

Ms. Brown provided two documents for workgroup members to review. She asked that the members email her with any suggestions or changes to the documents. A meeting will be scheduled for the workgroup when comments are received.

Mr. Radde asked what the requirements are for services to comply with these changes. This will affect services that upload data. Mr. Norlen said that one of the documents would only take affect after the data dictionary is available for changes. Mr. Norlen said that the other document makes suggestions to improve reporting of provider impressions. The only impact is to improve data quality. Mr. Fennell asked what if a service has different definitions in place. Mr. Norlen said that the recommendations from the committee will provide information for education.

Ms. Brown said that she will send out an email to review the documents and suggest a workgroup meeting time.

Dr. Pyles suggested an audit of “unknown” reporting to see where the problems are in the system now. Mr. Norlen said that provider impression was audited in 2008 and found some data reporting issues. One of the solutions suggested was definitions of provider impression. Mr. Fennell said that an additional problem with this audit was that services were reporting in different formats. Has the update to 2.2.1 fixed this problem? Mr. Norlen responded that this will result in an improvement in data quality, but thinks this is still something that needs to happen as an education component to improve the data quality statewide. Mr. Fennell asked to receive a copy of the document in WORD format so it can be edited.

Mr. Zalewski said that education and implementation will be at a cost to the provider. He asked how much “weight” this element has in the system so he will know how to prioritize this in his data changes. Mr. Norlen referred members to the complete Data Dictionary Definitions Supplement ([http://www.emsrb.state.mn.us/docs/EMSRB\\_Data\\_Dictionary\\_Definitions\\_Supplement\\_-\\_3-14-2007-11.pdf](http://www.emsrb.state.mn.us/docs/EMSRB_Data_Dictionary_Definitions_Supplement_-_3-14-2007-11.pdf)) that was developed by a work group and approved by this committee and the Board. Mr. Norlen referred to the document as “tool” for EMS providers and users of the data to refer to when training EMS personnel on documentation or when reviewing data.

Mr. Zalewski said that he would need to create a QA policy to review with his staff. Mr. Norlen said that provider impression would be considered a “key element” Mr. Radde said that it will be important for services to have their own internal audit in place.

Mr. Radde said that this would be a high priority. Dr. Satterlee suggested that the workgroup meet to discuss these definitions but not implement changes to a services system until more data review has taken place.

Mr. Norlen asked how many providers currently use the data dictionary on the system as an education tool to train employees on how a call should be entered. A majority of service providers agreed that they use the document. Mr. Norlen said that this takes the definitions one step further.

Mr. Radde suggested that the committee needs to develop a list of priorities for the system and audit services based on the highest priority and work our way down the list. Mr. Giese said that a paramedic needs to know the data is being reviewed in order to assure quality input is put in the system.

Dr. Pyles commented that by May the data reports should reflect accurate information without the mapping issues. Mr. Norlen said that he will provide reports for the May meeting on provider impression information statewide and by region.

Mr. Radde suggested a prioritized list of data elements. Ms. Brown said that this can be developed based on weighted elements in the system. Mr. Norlen said he will work on developing a list of priority elements.

## **VII. NEMSIS – Additions to Procedures List**

Mr. Norlen said that this document is being presented to the committee for discussion. NEMSIS has had requests to expand the procedures list. This will not result in a version change to the data dictionary. NEMSIS has added this to the current data dictionary but there is no requirement to add these procedures to a services procedure list. A service may choose to change their procedures and any new procedure codes would be accepted in the Minnesota data XSD and at the National EMS Data Bank. Mr. Norlen said that the question to the committee is do we want to consider adding any of these procedures to the current MSTAR procedures list and accept the information if a service chooses to submit the new procedure values. Mr. Norlen said would this be a database change. They could be added with a notation to the data dictionary that these are not required. Mr. Fennell asked if this list would require specific definitions and how much staff time and volunteer time would be involved in developing the definitions. Mr. Fennell asked if these changes would require a repeat of the test cases for the additions to the system. Mr. Norlen responded that we have not defined procedures in the system at this point. Mr. Norlen said that we would not immediately ask services to repeat the test cases based on this addition. Mr. Fennell said that in his opinion we do not want to make any changes until the data dictionary changes occur after September 2010. We made this deadline for a reason. Mr. Fraser asked intention NEMSIS had in making these changes. He said that this could be built but not implemented until the data dictionary changes are made.

Mr. Radde moved that the procedure list not be changed. Dr. Satterlee seconded. Motion carried.

## **VIII. Minnesota Trauma System – Discussion on MNSTAR Data Needs**

Mr. Norlen provided a handout. One of the things that are important to the trauma system is the collection of data by the MNSTAR system. Mr. Norlen said that some of the criteria are considered optional elements in the MNSTAR system. We have had some discussions about how an ambulance service determines a destination and by July 1, 2010 a service must have written definitions for transportation of trauma patients.

Mr. Held said that we need to define the major trauma patient from the EMS system and we have some barriers to query accurate data. The discussion would be to query based on protocol guideline. Mr. Maxell asked if we need a definition of “specialty resource center”. Mr. Norlen said that this is defined in the data definitions document. Mr. Norlen said to change the way this is reported will require education of EMS services and providers and this needs to be addressed before the required change takes place in July 2010.

Dr. Satterlee suggested making a change to the data dictionary early (in July) to comply with trauma requirements. Mr. Fennell suggested that the data dictionary changes will not occur in September 2010 but the discussion of potential changes will be occurring.

Mr. Held said that a consultant is being hired by MDH to look at data needs for the trauma system.

Mr. Radde suggested looking at the current system and compiling reports by the category of reported trauma and also use destination. Mr. Maxwell said that this was discussed for Hennepin County reporting and we developed our own definition.

Dr. Satterlee said that these optional data elements should be considered to be added to the mandated data dictionary when it becomes open.

Mr. Held asked if the committee had suggestions for review of other data elements to determine numbers of major trauma. Mr. Radde suggested looking at “mechanism of injury” field. Mr. Giese suggested looking at response mode (use of lights and siren) to determine trauma status.

Mr. Norlen said he is hearing that the consensus of the committee is to not make any changes to the data dictionary regarding current optional and required elements. Mr. Fraser suggested compiling reports by the various elements suggested.

Mr. Fennell moved that the current data set be explored in a variety of ways to allow the trauma program the data they seek. Dr. Satterlee seconded the motion.

Mr. Radde suggested a voluntary review by services to identify specific data collected for trauma information. Dr. Satterlee suggested that Allina would volunteer to provide data.

Ms. Brown asked for a vote on the motion. Motion carried.

## **IX. Other Business**

Dr. Satterlee asked if the committee feels they have a role in giving feedback to services on data quality review. Dr. Satterlee said that the state could lead the way in providing information on quality review. Mr. Fennell said that focus of this group historically has been on providing direction on what needs to be reviewed for quality assurance purposes. The cardiac arrest data was reported back to the services. This question could be asked at the Board level. Can a report be developed and provided to services. Dr. Satterlee said that this information was discussed in an article in ACEP and I think the state would be the place to start this discussion. Mr. Radde said that this brings up the discussion of who should look at the quality of the data. He suggested that the State Medical Director would look at the data quality. The committee has focused on data submission and we are still looking at definitions. We do not have adequate personnel at the state level to look at data quality issues. The committee needs to look at prioritization of data elements before we can look at data quality issues.

Mr. Norlen said that data quality is a great goal for the future but a lot of our time has been focused on data submission. Mr. Norlen indicated that the prospect of the EMSRB having some dedicated staff time from an epidemiologist that is being hired by MDH to look at data quality issues will be very helpful. However, continued education of the EMS provider that is completing the data entry at the time of the run is essential in providing complete and quality data.

Mr. Giese asked for a report on chest pain patients who received aspirin. He said that this would be good information for services.

Dr. Satterlee suggested that he would discuss this item at the next board meeting.

**X. Next Meeting Date**

May 11, 2009, 1 p.m., EMSRB Office

**XI. Adjourn**

Mr. Fennell moved to adjourn. Mr. Radde seconded. Motion carried. Meeting adjourned at 3:20 p.m.